| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF NEW YORK | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for | Deborah First name | First name |
| | example, your driver's license or passport). Bring your picture | Middle name | Middle name |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | Deborah Chafieian | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0447 | |

| Del | otor 1 Deborah Hakimiar | | Case number (if known) |
|-----|---|---|--|
| | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 8 Lighthouse Road | If Debtor 2 lives at a different address: |
| | | Great Neck, NY 11024 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Nassau | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |

| Del | otor 1 <u>Deborah Hakimian</u> |) | | | | Case number (if known) | |
|-----|---|----------|-----------------------------|--|--|--|---------------------------------------|
| | | | | | | | |
| Par | t 2: Tell the Court About | our Banl | kruptcy Ca | ase | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | | each, see <i>Notice Required by</i> age 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for e box. | · Bankruptcy |
| | choosing to file under | ☐ Chap | oter 7 | | | | |
| | | ☐ Chap | ter 11 | | | | |
| | | ☐ Chap | oter 12 | | | | |
| | | ■ Chap | oter 13 | | | | |
| 8. | How you will pay the fee | ab or | out how yo | ou may pay. Typica r attorney is submitt | ally, if you are paying the fee yo | k with the clerk's office in your local court fourself, you may pay with cash, cashier's claff, your attorney may pay with a credit care | neck, or money |
| | | | | | | on, sign and attach the Application for Indiv | riduals to Pay |
| | | | _ | , | Official Form 103A). | n only if you are filing for Chapter 7. By law | a judae may |
| | | bu ap | t is not rec plies to yo | quired to, waive you our family size and y | ır fee, and may do so only if yo you are unable to pay the fee ir | ur income is less than 150% of the official a installments). If you choose this option, you like the form 103B) and file it with your petition | poverty line that ou must fill out |
| 9. | Have you filed for | ■ No. | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | |
| | • | | District | | When | Case number | |
| | | | District | • | When | | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | |
| | i coluction : | ☐ Yes. | Has yo | our landlord obtaine | ed an eviction judgment agains | t you? | |
| | | | | No. Go to line 12. | | | |
| | | | | Yes. Fill out <i>Initia</i> this bankruptcy pe | | Judgment Against You (Form 101A) and fil | e it as part of |
| | | | | | | | |

| Debt | or 1 _ | Deborah Hakimiar | 1 | | | Case number (if known) | |
|------|--|--|--|-------------------|--|---|--|
| | | | | | | | |
| Part | 3: R | eport About Any Bu | sinesses ` | You Own | as a Sole Proprie | etor | |
| 12 | Are vo | ou a sole proprietor | | | | | |
| | | full- or part-time | ■ No. | No. Go to Part 4. | | | |
| | | | ☐ Yes. | Name | and location of bus | usiness | |
| | busine an indi separa as a co | proprietorship is a ss you operate as vidual, and is not a te legal entity such orporation, rship, or LLC. | | | of business, if any | | |
| | sole pr | nave more than one coprietorship, use a late sheet and attach | | Numb | er, Street, City, Sta | ate & ZIP Code | |
| | | s petition. | | Check | the appropriate bo | ox to describe your business: | |
| | | | | | Health Care Busin | iness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | | Single Asset Real | al Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | |
| | | | | | Commodity Broke | ser (as defined in 11 U.S.C. § 101(6)) | |
| | | | | | None of the above | ve | |
| | Chapt Bankr | ou filing under er 11 of the uptcy Code and are small business | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set a deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). | | | | |
| | | definition of small | ■ No. | I am n | ot filing under Chap | apter 11. | |
| | | ss debtor, see 11 § 101(51D). | □ No. | I am fi Code. | | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | | ☐ Yes. | I am fi | ling under Chapter | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Part | 4: R | eport if You Own or | Have Any | Hazardo | us Property or An | ny Property That Needs Immediate Attention | |
| | | u own or have any | ■ No. | | | | |
| | allege of imn | d to pose a threat ninent and iable hazard to | ☐ Yes. | What is t | he hazard? | | |
| | public health or safe Or do you own any property that needs immediate attention | health or safety? you own any rty that needs | | | iate attention is why is it needed? | | |
| | perisha livesto or a bu | ample, do you own able goods, or ck that must be fed, uilding that needs repairs? | | Where is | the property? | | |
| | | | | | | Number, Street, City, State & Zip Code | |

Debtor 1 Deborah Hakimian Case number (if known)

Part 5: Explain Your Effort

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Deborah Hakimiai | n | | Case number | EF (if known) | | | | |
|-----|--|------------------------|--------------------------------------|---|---|--|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | eporting Purposes | | | | | | |
| | What kind of debts do you have? | 16a. | Are your debts primarily con | nsumer debts? Consumer debts are definant, family, or household purpose." | ned in 11 U.S.C. § 101(8) as "incurred by an | | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. | | siness debts? Business debts are debts tment or through the operation of the bus | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you ow | e that are not consumer debts or busines | ss debts | | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7 | . Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | | o you estimate that after any exempt prop ilable to distribute to unsecured creditors' | erty is excluded and administrative expenses? | | | | |
| | administrative expenses | | □ No | | | | | | |
| | are paid that funds will be available for | | □Yes | | | | | | |
| | distribution to unsecured creditors? | | | | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | □ 50,001-100,000 | | | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | | | |
| 19. | How much do you | □ \$0 - \$5 | 50,000 | ■ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | | |
| 19. | estimate your assets to be worth? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | | |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | |
| | | | | — ф100,000,001 - ф300 million | • | | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 | | \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | |
| | to be? | | 01 - \$100,000 001 - \$500,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | | |
| | | | 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | | |
| Par | t 7: Sign Below | | | | | | | | |
| For | you | I have exa | amined this petition, and I decla | are under penalty of perjury that the inform | nation provided is true and correct. | | | | |
| | | | | I am aware that I may proceed, if eligible, ief available under each chapter, and I ch | under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7. | | | | |
| | | | | ot pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b). | at an attorney to help me fill out this | | | | |
| | | I request | relief in accordance with the cha | apter of title 11, United States Code, spe | cified in this petition. | | | | |
| | | bankrupto and 3571. | cy case can result in fines up to | concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | |
| | | | orah Hakimian n Hakimian | Signature of Debto | r 2 | | | | |
| | | Signature | of Debtor 1 | | | | | | |
| | | Executed | | Executed on | | | | | |
| | | | MM / DD / YYYY | MM | I / DD / YYYY | | | | |

| Debtor 1 Deborah Hakimia | n | Case number (if known) | | | |
|---|---|------------------------------|---|--|--|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, United | d States Code, and have ex | informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b) | | |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, schedules filed with the petition is incorrect. | certify that I have no knowl | ledge after an inquiry that the information in the | | |
| to the thin page. | /s/ David L. Singer | Date | July 26, 2019 | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | |
| | David L. Singer | | | | |
| | Printed name | | | | |
| | The Law Offices of David L. Singer, P.O. | C. | | | |
| | Firm name | | | | |
| | 150 Broadhollow Road | | | | |
| | Suite 122 | | | | |
| | Melville, NY 11747 | | | | |
| | Number, Street, City, State & ZIP Code | | | | |
| | Contact phone (631) 923-2399 | Email address | singer@davidlsingerpc.com | | |
| | 4554408 NY | | | | |
| | Bar number & State | | | | |

| Fill | in this inform | ation to identify your | case: | | | | |
|------------|---------------------------|---|---|--|----------------------------|-------------|---------------------------|
| Deb | otor 1 | Deborah Hakimia | n | | | | |
| Dal | -40 | First Name | Middle Name | Last Name | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | | |
| Uni | ted States Ban | kruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | | | |
| Cas | se number | | | | | | |
| | iown) | | | | | _ | k if this is an |
| | | | | | | amer | ded filing |
| ~ € | C: -: - 1 □ | 4000 | | | | | |
| | | m 106Sum Vour Assets | and Liabilities an | d Certain Statistic | al Information | | 12/15 |
| | | | | are filing together, both are | | | |
| info | rmation. Fill o | ut all of your schedule | es first; then complete the | e information on this form. the box at the top of this p | If you are filing amend | | |
| Par | | rize Your Assets | new Cummary and oncor | the box at the top of this p | ago. | | |
| rai | Julillia | Tize Tour Assets | | | | | |
| | | | | | | Your a | issets of what you own |
| 1. | Schedule A/ | B: Property (Official Fo | orm 106A/B) | | | • | 1 500 000 00 |
| | 1a. Copy line | 55, Total real estate, fr | om Schedule A/B | | | \$ | 1,500,000.00 |
| | 1b. Copy line | 62, Total personal prop | perty, from Schedule A/B | | | \$ | 43,050.00 |
| | 1c. Copy line | 63, Total of all property | on Schedule A/B | | | \$ | 1,543,050.00 |
| Par | t 2: Summa | rize Your Liabilities | | | | | |
| | | | | | | Your I | iabilities |
| | | | | | | Amour | nt you owe |
| 2. | | | aims Secured by Property nn A, Amount of claim, at th | (Official Form 106D) ne bottom of the last page of | Part 1 of Schedule D | \$ | 380,000.00 |
| 3. | | | Unsecured Claims (Official 1 (priority unsecured claims | Form 106E/F) s) from line 6e of <i>Schedule E</i> | /F | \$ | 0.00 |
| | 3b. Copy the | total claims from Part | 2 (nonpriority unsecured cla | aims) from line 6j of Schedule | e E/F | \$ | 1,215.00 |
| | | | | | | | |
| | | | | | Your total liabilities | \$ | 381,215.00 |
| | | | _ | | | | |
| Par | t 3: Summa | rize Your Income and | Expenses | | | | |
| 4. | | <i>Your Income</i> (Official Foundation Manager (Official Foundation) | | I | | \$ | 11,011.00 |
| 5. | | Your Expenses (Official | | | | | |
| | | | | | | \$ | 7,293.00 |
| Par | t 4: Answer | These Questions for | Administrative and Statis | stical Records | | | |
| 6. | - | • • • | er Chapters 7, 11, or 13? on this part of the form. Ch | eck this box and submit this | form to the court with yo | ur other sc | hedules. |
| 7. | Yes | f debt do you have? | | | | | |
| ١. | | • | | | | | |
| | | | | ebts are those "incurred by a grown for statistical purposes. 28 l | | a personal | , family, or |
| | | ebts are not primarily of the with your other sched | | e nothing to report on this pa | rt of the form. Check this | s box and s | submit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

| Debtor 1 Deborah Hakimian Case number (if kn | owr |
|---|-----|
|---|-----|

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

15,950.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schodula E/F compthe following: | Total clain | n |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| ation to identify | vour case and th | is filina | 1: | | | |
|--|--|---|--|--|--------------------------------|--|
| | | | , | | | |
| First Name | | Name | Last Name | | | |
| Firet Name | Middle | Name | Last Name | | | |
| | | | | | | |
| kruptcy Court for | the: EASTERN | DISTRI | CT OF NEW YORK | | | |
| | | | | | [| ☐ Check if this is an amended filing |
| m 106A/B | | | | | | |
| A/B: Pr | operty | | | | | 12/15 |
| space is needed, a on. ach Residence, Bo ve any legal or eq 2. | attach a separate sh | neet to t | his form. On the top of any additional pages Estate You Own or Have an Interest In | | | |
| | cription | | Single-family home Duplex or multi-unit building | the amount of | any secured | claims on Schedule D: |
| t NY State | 11024-0000 ZIP Code | | Manufactured or mobile home Land Investment property Timeshare Other | \$1,500 Describe the | ty? ,000.00 nature of yo | |
| | | _ | | | | |
| | | □ □ • Othe | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iter | Check if (see instru | this is comm | nunity property |
| ve attached for lour Vehicles e, or have legal of the second seco | Part 1. Write that or equitable interevenicle, also report | est in a | ny vehicles, whether they are registere | ed or not? Incl | ude any veh | \$1,500,000.00 nicles you own that |
| | Deborah Hall First Name First Name kruptcy Court for m 106A/B A/B: Pr parately list and do as complete and a space is needed, a con. ach Residence, But the property? se Road available, or other description. State r value of the power attached for lour Vehicles a, or have legal of each of your Vehicles and your Vehicles | Deborah Hakimian First Name Middle kruptcy Court for the: EASTERN May 106A/B A/B: Property parately list and describe items. List as complete and accurate as possible space is needed, attach a separate shon. ach Residence, Building, Land, or Ottowe any legal or equitable interest in a country. See Road available, or other description t NY 11024-0000 State ZIP Code Try Value of the portion you own for you attached for Part 1. Write that four Vehicles See, or have legal or equitable interests. If you lease a vehicle, also reported. | Deborah Hakimian First Name Middle Name kruptcy Court for the: EASTERN DISTRI m 106A/B A/B: Property parately list and describe items. List an asset as complete and accurate as possible. If two space is needed, attach a separate sheet to the on. ach Residence, Building, Land, or Other Real twe any legal or equitable interest in any resided. 2. the property? SEROAD Available, or other description The property of the protection of the property of the protection of the property of the property of the property of the protection of the property of the protection of the property of the property of the protection of the protect | First Name Middle Name Last Name Last Name Kruptcy Court for the: EASTERN DISTRICT OF NEW YORK Manual District OF New York | Deborah Hakimian First Name | Deborah Hakimian First Name Middle Name Last Name Middle Name Middle Name Last Name Middle |

| De | ebtor 1 | Deborah Hal | kimian Case number (if i | known) |
|-----|----------------------|--|--|---|
| | | | for homes, ATVs and other recreational vehicles, other vehicles, and accessories motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | i |
| | ■ No | | | |
| | □ Yes | | | |
| | | | | |
| 5 | | | the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here | .=> \$0.00 |
| Pa | art 3: Des | scribe Your Perso | nal and Household Items | |
| | · | · | egal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Example No | old goods and f es: Major applian Describe | urnishings ices, furniture, linens, china, kitchenware | |
| | | | | |
| | | | Various Household Goods and Furnishings | \$3,000.00 |
| 7. | , □ No | es: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; n phones, cameras, media players, games | nusic collections; electronic devices |
| | | | Various Electronics | \$2,500.00 |
| | ■ No □ Yes. Equipme | other collection Describe ent for sports a | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stampons, memorabilia, collectibles nd hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; ca | |
| | ■ No | musical instru | | and kayaks, carpently tools, |
| 10. | ■ No | | s, shotguns, ammunition, and related equipment | |
| 11. | □ No | | othes, furs, leather coats, designer wear, shoes, accessories | |
| | - 168. | DESCRIBE | | |
| | | | Various Clothes | \$1,500.00 |
| 12. | □ No | | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, g | jems, gold, silver |
| | | | | * |
| | | | Various Jewelry | \$3,000.00 |

Official Form 106A/B

| De | btor 1 | Deborah Hal | kimian | | | Ca | se number (if known) | |
|-----|---------------|---------------------------------|-------------|-------------------------------------|--------|--|--------------------------|---|
| | | | | | | | | |
| 13. | | rm animals oles: Dogs, cats, | hirds ho | rses | | | | |
| ı | ■ No | 5.00. 2 0ge, eate, | J., 40, 1.0 | | | | | |
| I | ☐ Yes. | Describe | | | | | | |
| 14 | Any of | her nersonal an | d house | hold items you did no | ot alr | eady list, including any health aid | s vou did not list | |
| | No No | no. porconaran | u 110000 | nora nomo you ara no | , | oady not, morading any nodim are | o you ala liot liot | |
| I | ☐ Yes. | Give specific inf | ormation | | | | | |
| | | | | | | | | |
| 15. | | | | | | ncluding any entries for pages you | u have attached | \$10,000.00 |
| | for Pa | art 3. Write that | number | here | | | | Ψ10,000.00 |
| | | | | | | | ' | |
| | | scribe Your Finan | | ts equitable interest in ar | nv o | the following? | | Current value of the |
| DO | you ow | vii or nave any i | egai or e | equitable interest in ar | ily O | the following? | | portion you own? |
| | | | | | | | | Do not deduct secured claims or exemptions. |
| | | | | | | | | ciains of exemptions. |
| 16. | Cash Fxamr | oles: Money you l | have in v | our wallet, in your home | e. in | a safe deposit box, and on hand wh | en vou file vour petitie | on |
| I | □ No | , , | , | · · · · · · · · · · · · · · · · · · | -, | | , , _, | |
| ı | Yes | | | | | | | |
| | | | | | | | Cash | \$50.00 |
| | | | | | | | Casii | |
| | □ No ■ Yes | | | | | Institution name: | | |
| | | | 17.1. | Savings - xxx699 | 1 _ | Chase | | \$33,000.00 |
| 18. | | | | cly traded stocks | oroge | firms, manay market accounts | | |
| ı | ■ No | oles. Boliu lulius, | IIIVESIIII | ent accounts with broke | siage | e firms, money market accounts | | |
| | | | | Institution or issuer na | me: | | | |
| 19. | • | ublicly traded st enture | ock and | interests in incorpora | ated | and unincorporated businesses, i | ncluding an interes | t in an LLC, partnership, and |
| ı | No No | omaro | | | | | | |
| I | ☐ Yes. | Give specific inf | ormation | about them | | | | |
| | | | Na | me of entity: | | % | of ownership: | |
| 20. | | | | | | and non-negotiable instruments | | |
| | | | | | | checks, promissory notes, and mone b someone by signing or delivering the | | |
| - 1 | No | | | • | | , , , | | |
| I | ☐ Yes. | Give specific info | rmation | about them | | | | |
| | | | lss | uer name: | | | | |
| 21. | | ment or pension | | | | | | |
| | | oles: Interests in I | IRA, ERI | SA, Keogh, 401(k), 403 | 3(b), | thrift savings accounts, or other pens | sion or profit-sharing | plans |
| | ■ No | List each accour | it cenara | telv | | | | |
| | — 163. | List cauri accour | | of account: | | Institution name: | | |

| De | ebtor 1 | Deborah Hakimian | Case number (if known) | |
|-----|---------------------------|---|--|--|
| 22. | Your sh Example | r deposits and prepayments are of all unused deposits you have made so that you may contines: Agreements with landlords, prepaid rent, public utilities (electric | | or others |
| | ■ No □ Yes | Institution nar | ne or individual: | |
| 23. | Annuitie ■ No | es (A contract for a periodic payment of money to you, either for life | e or for a number of years) | |
| | ■ No □ Yes | Issuer name and description. | | |
| 24. | | in an education IRA, in an account in a qualified ABLE progress 530(b)(1), 529A(b), and 529(b)(1). | am, or under a qualified state tuition progra | m. |
| | ☐ Yes | Institution name and description. Separately file the | records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, o | equitable or future interests in property (other than anything | isted in line 1), and rights or powers exercis | able for your benefit |
| | | Give specific information about them | | |
| | Exampl ■ No | copyrights, trademarks, trade secrets, and other intellectual es: Internet domain names, websites, proceeds from royalties and Give specific information about them | | |
| 27. | License Exampl ■ No | s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperative association has been specific information about them | oldings, liquor licenses, professional licenses | |
| | | roperty owed to you? | | Current value of the |
| | oney or p | roperty office to your | | portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | inds owed to you Sive specific information about them, including whether you alread | y filed the returns and the tax years | |
| | ■ No | support es: Past due or lump sum alimony, spousal support, child support ive specific information | maintenance, divorce settlement, property sett | lement |
| | Example ■ No | mounts someone owes you es: Unpaid wages, disability insurance payments, disability benefi benefits; unpaid loans you made to someone else Give specific information | ts, sick pay, vacation pay, workers' compensati | ion, Social Security |
| 31. | | s in insurance policies es: Health, disability, or life insurance; health savings account (HS | SA); credit, homeowner's, or renter's insurance | |
| | | lame the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | If you are someon | erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insule has died. Give specific information | rance policy, or are currently entitled to receive | property because |

| Debt | or 1 | Deborah Hakimian | | Case number (if known) | |
|----------------|------------|---|----------------------------|---------------------------------|----------------|
| I | | against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or ri | | and for payment | |
| | | Describe each claim | | | |
| | No | contingent and unliquidated claims of every nature, inclu Describe each claim | ding counterclaims o | of the debtor and rights to set | off claims |
| | | ancial assets you did not already list | | | |
| | No | ianolai accesso yeu alia net ameaay net | | | |
| | Yes. | Give specific information | | | |
| | | he dollar value of all of your entries from Part 4, includin art 4. Write that number here | | · • | \$33,050.00 |
| Part 5 | 5: Des | scribe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ate in Part 1. | |
| 37. D e | o you c | own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | So to line 38. | | | |
| Part (| | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| | | own or have any legal or equitable interest in any farm- | or commercial fishin | ng-related property? | |
| | No. | Go to Part 7. | | | |
| [| ☐ Yes. | . Go to line 47. | | | |
| Part 7 | 7: | Describe All Property You Own or Have an Interest in That You | ı Did Not List Above | | |
| I | Examp | have other property of any kind you did not already list? bles: Season tickets, country club membership | ? | | |
| | No Yes. | Give specific information | | | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part 8 | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$1,500,000.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$0.00 | - | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$10,000.00 | | |
| 58. | Part 4 | l: Total financial assets, line 36 | \$33,050.00 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 3: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | ': Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$43,050.00 | Copy personal property total | \$43,050.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$1,543,050,00 |

| 3 | Il in this inform | nation to identify your case: | | | | 1 |
|--------------------------|--|--|--|--------------------------|--|--|
| _ | ebtor 1 | Deborah Hakimian | | | | |
| De | DIOI I | | Middle Name | L | ast Name | |
| | ebtor 2 ouse if, filing) | First Name | Middle Name | L | ast Name | |
| ` ' | , 0, | | TERN DISTRICT OF N | | | |
| Oi | illed States Da | Tikruptcy Court for the. | ILIN DIGITAL OF IN | _ | | |
| | ase number _ known) | | | | | ☐ Check if this is an amended filing |
| \bigcap | fficial Fo | rm 106C | | | | |
| | | | | | F | |
| <u>></u> | cneaui | e C: The Prope | rty You Cla | ıım | as Exempt | 4/19 |
| the nee | property you li | sted on <i>Schedule A/B: Propert</i> y d attach to this page as many c | (Official Form 106A/B) | as yo | our source, list the property that you | r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and |
| spe any fun exe | ecific dollar and a policable standard and a policable standard and a permetion to a p | nount as exempt. Alternativel catutory limit. Some exemption nlimited in dollar amount. Ho | y, you may claim the f ns—such as those for wever, if you claim an | ull fai healt exen | th aids, rights to receive certain b nption of 100% of fair market valu | ing exempted up to the amount of enefits, and tax-exempt retirement |
| Pa | rt 1: Identif | y the Property You Claim as I | Exempt | | | |
| 1. | Which set of | exemptions are you claiming | ? Check one only, eve | n if yo | our spouse is filing with you. | |
| | You are cl | aiming state and federal nonbar | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are cla | aiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any prop | perty you list on Schedule A/E | that you claim as exe | empt, | fill in the information below. | |
| | | on of the property and line on | Current value of the | • • | ount of the exemption you claim | Specific laws that allow exemption |
| | Schedule A/B | that lists this property | portion you own Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | | se Road Kings Point, NY | \$1,500,000.00 | | \$170,825.00 | NYCPLR § 5206 |
| | 11024 Nas Line from Sch | sau County hedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Various Ho | usehold Goods and | \$3,000.00 | | \$3,000.00 | NYCPLR § 5205(a)(5) |
| | _ | nedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Various Ele | ectronics | \$2,500.00 | | \$2,500.00 | NYCPLR § 5205(a)(5) |
| | Line from Go. | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Various Clo | othes hedule A/B: 11.1 | \$1,500.00 | | \$1,500.00 | NYCPLR § 5205(a)(5) |
| | | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Various Jev | welry hedule A/B: 12.1 | \$3,000.00 | | \$3,000.00 | NYCPLR § 5205(a)(6) |

Official Form 106C

100% of fair market value, up to any applicable statutory limit

| Debtor 1 | Deborah Hakimi | an | Case number (if known) | |
|----------|----------------------|---|---|--|
| | , , | estead exemption of more than \$170,35 4/01/22 and every 3 years after that for ca | 60? ases filed on or after the date of adjustment.) | |
| | No | | | |
| | Yes. Did you acquire | the property covered by the exemption w | ithin 1,215 days before you filed this case? | |
| | □ No | | | |
| | ☐ Yes | | | |

Official Form 106C

| Fill in this inforn | nation to identify you | r case: | | | |
|---|------------------------------------|--|--|--|-----------------------------|
| Debtor 1 | Deborah Hakim | an | | | |
| | First Name | Middle Name Last Name | | • | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Name | | - | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF NEW YORK | | _ | |
| Case number | | | | _ | if this is an ded filing |
| Official Form | n 106D | | | | |
| | | Who Have Claims Secure | d by Propert | у | 12/15 |
| | | f two married people are filing together, both are e out, number the entries, and attach it to this form. | | | |
| 1. Do any creditors | have claims secured by | your property? | | | |
| ☐ No. Check | this box and submit th | nis form to the court with your other schedules. | You have nothing else t | to report on this form. | |
| Yes. Fill in | all of the information | pelow. | | | |
| | Il Secured Claims | | | | |
| • | | | . Column A | Column B | Column C |
| for each claim. If m | ore than one creditor has | nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 MTGLQ In | vestors L.P. | Describe the property that secures the claim: | \$380,000.00 | \$1,500,000.00 | \$380,000.00 |
| Creditor's Name | 9 | Single Family Residence | | | |
| 200 West New York | Street , NY 10282 | As of the date you file, the claim is: Check all that apply. | | | |
| Number, Street, | , City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the de | ebt? Check one | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | 5.135K 3110. | ■ An agreement you made (such as mortgage or s | ocured | | |
| Debtor 2 only | | car loan) | ecureu | | |
| Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| | he debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this classification community de | | Other (including a right to offset) | | | |
| Date debt was incu | urred | Last 4 digits of account number unkn | own | | |
| If this is the last Write that number | page of your form, add er here: | olumn A on this page. Write that number here: the dollar value totals from all pages. r a Debt That You Already Listed | \$380,00 \$380,00 | | |
| Use this page only | if you have others to b | e notified about your bankruptcy for a debt that yo | u already listed in Part 1 | . For example, if a collect | tion agency is |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

| Fill in th | is inform | ation to identify your | casa: | | | | | | |
|--|--|--|--|---|--|--|--------------------------------|--|---|
| | | | | | | | | | |
| Debtor 1 | | Deborah Hakimia | | | Last Name | | | | |
| Debtor 2 |) | First Name | Middle N | ame | Last Name | | | | |
| (Spouse if, | | First Name | Middle N | ame | Last Name | | | | |
| United S | States Ban | kruptcy Court for the: | EASTERN I | DISTRICT OF NEW | YORK | | | | |
| Case nu (if known) | mber | | | _ | | | | | Check if this is an amended filing |
| | | 106E/F | | | | | | | |
| Sched | dule E/ | F: Creditors W | /ho Have | Unsecured (| Claims | | | | 12/15 |
| any execu Schedule Schedule left. Attack name and Part 1: | G: Executory Control G: Executory D: Creditory h the Control case num List All | acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec inuation Page to this pag ber (if known). of Your PRIORITY Ur | that could rest pired Leases (O cured by Proper ge. If you have in nsecured Clai | ult in a claim. Also list fficial Form 106G). Do ty. If more space is ne no information to repo | t executory on not include eeded, copy | contracts any credit the Part ye | on Sche tors wit ou need | edule A/B: Property (Offi h partially secured clain I, fill it out, number the e | aims. List the other party to cial Form 106A/B) and on ns that are listed in entries in the boxes on the ditional pages, write your |
| _ | • | s have priority unsecure | d claims again | st you? | | | | | |
| | o. Go to Pa | ırt 2. | | | | | | | |
| □ Ye | _ | of Vous NONDDIODIT | | Claima | | | | | |
| Part 2: | | of Your NONPRIORIT | | | | | | | |
| _ | - | s have nonpriority unsec | _ | | | | | | |
| □ N | o. You have | e nothing to report in this p | art. Submit this | form to the court with yo | our other sche | edules. | | | |
| ■ Ye | es. | | | | | | | | |
| unsed | cured claim one credito | nonpriority unsecured cl , list the creditor separatel r holds a particular claim, l | y for each claim. | For each claim listed, i | identify what t | ype of clai | im it is. [| Do not list claims already i | ncluded in Part 1. If more |
| 4.1 | A may | | | Last 4 digits of secs. | | 0222 | | | |
| | Amex Nonpriority | Creditor's Name | | Last 4 digits of accou | unt number | 0223 | | _ | \$1,215.00 |
| (| | ondence/Bankrupto | ;y | When was the debt in | ncurred? | Opene 3/13/1 | | 10 Last Active | |
| _ | | TX 79998 | | | | | | | <u> </u> |
| | | reet City State Zip Code red the debt? Check one. | | As of the date you file | e, the claim i | is: Check a | all that a | apply | |
| | Debtor 1 | | | Пол | | | | | |
| | | | | ☐ Contingent | | | | | |
| | Debtor 2 | , | | ☐ Unliquidated | | | | | |
| | | 1 and Debtor 2 only | | ☐ Disputed Type of NONPRIORIT | ΓV unsecure | d claim: | | | |
| | | one of the debtors and an | | ☐ Student loans | i i unoccuro | a Olumin | | | |
| | ∟ Спеск г debt | f this claim is for a com | munity | _ | out of a sena | ration agre | eement | or divorce that you did no | • |
| ı | ls the clain | n subject to offset? | | report as priority claim | | ao ag. | | or arrondo mar you ara no | • |
| I | ■ No | | | Debts to pension o | r profit-sharin | ıg plans, aı | nd other | similar debts | |
| ı | ☐ Yes | | | Other. Specify C | redit Card | ı | | | |
| | | | | | | | | | _ |
| Part 3: | List Otl | hers to Be Notified Ab | out a Debt Tl | nat You Already Lis | ted | | | | |
| is trying have m | g to collect ore than o | | owe to someo debts that you | ne else, list the origin I listed in Parts 1 or 2, | al creditor in | Parts 1 o | r 2, the | n list the collection ager | nple, if a collection agency ncy here. Similarly, if you additional persons to be |
| Part 4: | Add the | e Amounts for Each T | ype of Unsec | ured Claim | | | | | |
| | ne amounts unsecured | | ecured claims. | This information is for | r statistical r | eporting p | ourpose | es only. 28 U.S.C. §159. A | Add the amounts for each |
| | | | | | | | | Total Claim | |
| | | 6a. Domestic support | obligations | | | 6a. | \$ | | |
| Official For | rm 106 E/F | | Schedule I | E/F: Creditors Who Ha | ve Unsecure | d Claims | | | Page 1 of |

| Debtor 1 Deb | orah | Hakimian | Case nu | umber (if known) | |
|--------------|------|---|---------|------------------|----------|
| | | | | | 0.00 |
| Total claims | | | | | |
| rom Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total Clai | im |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| om Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 1,215.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 1,215.00 |

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|------------|-----------------------|
| Debtor 1 | Deborah Hakimia | ın | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

Official Form 106G

| Debtor 1 | Deborah Hakimia | n | | |
|---|---|--|--|---|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| | Form 106H le H: Your Cod | ebtors | | 12/15 |
| | d case number (if known) u have any codebtors? (If | | | e as a codebtor. |
| Arizona, (No. Go Yes. D 3. In Columnin line 2 a | California, Idaho, Louisiana, o to line 3. id your spouse, former | Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran | e with you at the time? spouse as a codebto tor or cosigner. Make | ry? (Community property states and territories include hington, and Wisconsin.) r if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Officons). Use Schedule D, Schedule E/F, or Schedule G to |
| | umn 1: Your codebtor e, Number, Street, City, State and Z | P Code | | Column 2: The creditor to whom you owe the deb Check all schedules that apply: |
| 3.1 Nan | ne | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line |
| Nun City | | State | ZIP Code | _ |
| 3.2 Nan | ne | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line |
| Nun City | | State | ZIP Code | |

Official Form 106H Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

| Fill | in this information to ide | entify your ca | ase: | | | | | | | | |
|--------------------|--|--|--|----------------------------------|--------------------------------|------------------|----------------|--------------------------------------|---|-------------------------------------|-----------------|
| Del | otor 1 De | borah Hal | kimian | | | | _ | | | | |
| | otor 2 | | | | | | | | | | |
| Uni | ted States Bankruptcy (| Court for the | EASTERN DISTRICT | OF NEW | / YORK | | | | | | |
| _ | se number | | | | | | | | ded filing nent show | wing postpetition e following date: | chapter |
| 0 | fficial Form 10 | <u>)61</u> | | | | | | MM / DD/ | YYYY | | |
| S | chedule I: Yo | ur Inc | ome | | | | | | | | 12/15 |
| sup spo atta | plying correct informa use. If you are separat | tion. If you ed and you this form. (| ible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition | ng jointly th you, c | /, and your s do not includ | pouse e infor | is liv mati | ing with you, inc on about your s | clude info couse. If | ormation about more space is i | your needed, |
| 1. | Fill in your employm information. | ent | | Debto | r 1 | | | Debto | 2 or nor | n-filing spouse | |
| | If you have more than | | Employment status | ■ Em | ■ Employed | | | ■ Em | ■ Employed | | |
| | attach a separate page with information about additional | | Employment status | ☐ Not employed | | | | ☐ Not | ☐ Not employed | | |
| | employers. | | Occupation | Customer Service Imagine Designs | | | | Senio | Senior Manager - Production Levian Corp. | | |
| | Include part-time, seaseself-employed work. | sonal, or | Employer's name | | | | | Levia | | | |
| | Occupation may include or homemaker, if it ap | | Employer's address | | ttermill Roa Neck, NY 1 | | | | | ck Road IY 11024 | |
| | | | How long employed th | nere? | 3 years | | | | 5 | | |
| Pai | ft 2: Give Details | About Mon | thly Income | | | | | | | | |
| | mate monthly income use unless you are sepa | | ate you file this form. If y | ou have | nothing to rep | port for | any l | ine, write \$0 in th | e space. | Include your nor | n-filing |
| | ou or your non-filing spou e space, attach a separa | | re than one employer, co | mbine th | e information | for all e | emplo | oyers for that per | son on the | e lines below. If y | ou need |
| | | | | | | | | For Debtor 1 | | Debtor 2 or filing spouse | |
| 2. | , , | 0 / | ry, and commissions (becalculate what the monthly | | | 2. | \$ | 3,175.00 | \$ | 12,307.00 | |
| 3. | Estimate and list mo | nthly overti | me pay. | | | 3. | +\$ | 0.00 | +\$ | 0.00 | |

Official Form 106I Schedule I: Your Income page 1

3,175.00

\$ 12,307.00

Calculate gross Income. Add line 2 + line 3.

| Debt | or 1 | Deborah Hakimian | _ | Cas | e number (if ki | nown) | | | | |
|------|---------------------------------|---|--|--|----------------------|--|--|------------------------|---|---------------|
| | Con | by line 4 here | 4. | Fo | or Debtor 1 3,175 | 5.00 | | Debtor 2 of filing spo | use | _ |
| _ | - | * | | *- | 5, | | · — | ,,,,, | 1.00 | <u>_</u> |
| 5. | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | (| 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ + \$ | | 32.00 0.00 0.00 0.00 0.00 0.00 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 289 | 9.00 | \$ | 4,18 | 2.00 | _ <u>)</u> |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,886 | 6.00 | \$ | 8,12 | 25.00 | <u> </u> |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8c. 8d. 8e. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | (| 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | (| 0.00 | \$ | | 0.0 | 0 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | S | 2,886.00 | + \$_ | 8,12 | 25.00 = | \$ | 11,011.00 |
| 11. | Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | deper | | | | | chedule J. 11. + | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | _ | ombi | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | onth | ly income |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | |
|------------|---|--|------------------|-------------------|---|
| Deb | Deborah Hakimian | | Chec | k if this is: | |
| Doh | otor 2 | | _ | An amended filing | ving postpotition shorter |
| | ouse, if filing) | | | 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for the: _EASTERN DISTRICT OF NEW YO | ORK | - | MM / DD / YYYY | |
| Cas | se number | | | | |
| (If k | nown) | | | | |
| 0 | fficial Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/1 |
| Be info | as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | |
| Par 1. | t 1: Describe Your Household Is this a joint case? | | | | |
| | No. Go to line 2. | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i> s | for Separate House | hold of Deb | or 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Son | | 16 | ■ Yes □ No |
| | | Son | | 19 | ■ Yes |
| | | | | | □ No |
| | | Daughter | | | ■ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | |
| exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless youngers as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | |
| the | lude expenses paid for with non-cash government assistance in value of such assistance and have included it on Schedule I: Yeficial Form 106I.) | | | Your expe | enses |
| ,σ. | | | | | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | | 579.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 2,416.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 300.00 |
| | Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues | | 4c. \$ 4d. \$ | | 100.00 0.00 |
| 5. | Additional mortgage payments for your residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| Debtor 1 | Deborah | Hakimian | _ Case num | ber (if known) | |
|-----------------------|---------------------------------|---|----------------------|---------------------|--------------------------|
| | ition | | | | |
| 6. Util 6a. | ities: Electricity | heat, natural gas | 6a. | \$ | 420.00 |
| 6b. | • | wer, garbage collection | 6b. | · | 100.00 |
| 6c. | | | | | |
| 6d. | • | e, cell phone, Internet, satellite, and cable services | 6c. 6d. | · | 300.00 |
| | Other. Sp | • | | · | 0.00 |
| | | ekeeping supplies | 7. | · | 800.00 |
| | | children's education costs | 8. | | 750.00 |
| | - | ry, and dry cleaning | 9. | · | 20.00 |
| | • | products and services | 10. | · | 100.00 |
| | | ntal expenses | 11. | \$ | 50.00 |
| | | Include gas, maintenance, bus or train fare. | 12. | \$ | 150.00 |
| | | ar payments. | | · | |
| | | clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| | | ributions and religious donations | 14. | \$ | 0.00 |
| | urance. | sources and deducted from your pay as included in lines 4 00 | | | |
| | not include ir . Life insura | nsurance deducted from your pay or included in lines 4 or 20 | ı. 15a. | \$ | 0.00 |
| | . Health ins | | 15a. 15b. | · | 0.00 |
| | | | | · | 0.00 |
| | . Vehicle in | | 15c. | | 300.00 |
| | | Irance. Specify: | 15d. | — | 0.00 |
| | | clude taxes deducted from your pay or included in lines 4 o | | ¢ | 0.00 |
| | ecify: | | 16. | \$ | 0.00 |
| | | ease payments: ents for Vehicle 1 | 17a. | ¢ | 419.00 |
| | | ents for Vehicle 1 | 17a. 17b. | · | 419.00 |
| | | | | · | |
| | . Other. Sp | · | 17c. | · | 0.00 |
| | . Other. Sp | | 17d. | \$ | 0.00 |
| | | of alimony, maintenance, and support that you did not | | \$ | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official For s you make to support others who do not live with you. | m 1061). | \$ | 0.00 |
| | ecify: | s you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| | , | erty expenses not included in lines 4 or 5 of this form o | | our Income | |
| | | s on other property | 20a. | | 0.00 |
| | . Real estat | · · · | 20b. | · | 0.00 |
| | | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | | 20d. | | |
| | | nce, repair, and upkeep expenses | | · | 0.00 |
| | | er's association or condominium dues | 20e. | · | 0.00 |
| l. Oth | er: Specify: | | 21. | +\$ | 0.00 |
| 2. Cal | culate vour | monthly expenses | | | |
| | . Add lines 4 | • | | \$ | 7,293.00 |
| | | 2 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | \$ | ., |
| | | | | · | 7 202 00 |
| 22C | . Auu iine 22 | a and 22b. The result is your monthly expenses. | | \$ | 7,293.00 |
| 3. Cal | culate your | monthly net income. | | | |
| | | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 11,011.00 |
| 23b | . Copy you | monthly expenses from line 22c above. | 23b. | -\$ | 7,293.00 |
| | 177 | | | | - , |
| 23c | . Subtract y | our monthly expenses from your monthly income. | | | 0.740.00 |
| | | is your monthly net income. | 23c. | \$ | 3,718.00 |
| | | • | | | |
| | | an increase or decrease in your expenses within the year | | | |
| | | bu expect to finish paying for your car loan within the year or do you terms of your mortgage? | expect your mortgage | payment to increase | or decrease because of a |
| | | terms or your mortgage? | | | |
| I | | | | | |
| | Yes. | Explain here: | | | |

| Fill in this info | rmation to identify your | 4.00 | | | |
|--|---|---|---|--|--|
| Debtor 1 | Deborah Hakimia | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | Bankruptcy Court for the: | EASTERN DISTRICT | OF NEW YORK | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| | rm 106Dec Ition About a | an Individua | l Debtor's Sch | nedules | 12/15 |
| l f 4a magusiaal u | noonlo aro filing togotho | | | | |
| i two married i | | r. potn are equally resp | onsible for supplying corre | ct information. | |
| _ | | | onsible for supplying corre | | ement concealing property or |
| You must file the obtaining mone years, or both. | his form whenever you fi ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a bar | es or amended schedules. N | Making a false stat | ement, concealing property, or 00, or imprisonment for up to 20 |
| You must file the obtaining mone years, or both. | his form whenever you fi ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Nakruptcy case can result in | Making a false stat fines up to \$250,0 | |
| You must file the obtaining mone years, or both. Signature of the properties of the | his form whenever you fi ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. N | Making a false stat fines up to \$250,0 | |
| You must file the obtaining mone years, or both. | his form whenever you fi ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Nakruptcy case can result in | Making a false stat fines up to \$250,0 | |
| You must file the obtaining moneyears, or both. Significant of the obtaining moneyears, or both. | his form whenever you fi ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Nakruptcy case can result in | Making a false stat fines up to \$250,00 nkruptcy forms? Attach Ban | |
| You must file the obtaining moneyears, or both. Significant Signi | his form whenever you fi ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below hay or agree to pay some | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Nakruptcy case can result in | Making a false stat fines up to \$250,00 mkruptcy forms? Attach Ban Declaration | oo, or imprisonment for up to 20 okruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| You must file the obtaining moneyears, or both. Significant Signi | his form whenever you fi ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below hay or agree to pay some Name of person halty of perjury, I declare | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. In a skruptcy case can result in the second sec | Making a false stat fines up to \$250,00 mkruptcy forms? Attach Ban Declaration | oo, or imprisonment for up to 20 okruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| You must file the obtaining moneyears, or both. Significantly stated in the properties of the obtaining moneyears, or both. Significantly stated in the properties of the obtaining moneyears, or both. Significantly stated in the properties of the obtaining moneyears, or both. | his form whenever you five yor property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below Pay or agree to pay some Name of person Palty of perjury, I declare are true and correct. | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Makruptcy case can result in bring to help you fill out bar | Making a false stat fines up to \$250,00 mkruptcy forms? Attach Ban Declaration with this declaration | oo, or imprisonment for up to 20 okruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |

Official Form 106Dec

| Fill | in this info | rmation to identify you | case: | | | |
|--------------|----------------------------|---|--|--|---|---|
| Deb | tor 1 | Deborah Hakimi | an | | | |
| D | 10 | First Name | Middle Name | Last Name | | |
| | tor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States B | Sankruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | | |
| Cas | e number | | | | | |
| (if kno | | | | | | heck if this is an mended filing |
| | | | | | | |
| Off | icial F | orm 107 | | | | |
| | | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/19 |
| infor num | mation. If ber (if know | more space is needed, wn). Answer every ques | attach a separate sheet to | this form. On the top of any | equally responsible for sup vadditional pages, write you | |
| | | ur current marital statu | | I LIVED BEIOTE | | |
| | _ | | | | | |
| | ■ Marrie □ Not m | | | | | |
| 2. | During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. L | ist all of the places you li | ved in the last 3 years. Do n | ot include where you live now | <i>r</i> . | |
| | | Prior Address: | Dates Debtor 1 | Debtor 2 Prior Ad | | Dates Debtor 2 |
| | | | lived there | | | lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No | | | | | |
| | ☐ Yes. N | Make sure you fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part | 2 Expl | ain the Sources of You | r Income | | | |
| | Fill in the to | otal amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including partetioned together, list it only once un | | ndar years? |
| | □ No | | | | | |
| | Yes. F | Fill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | 1 of current year until led for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$22,500.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

| De | btor 1 | De | borah Hal | h Hakimian C | | | Case number (if known) | | | | |
|----|----------|-------------------------------------|--------------------------|--------------------------------|---|--|--|--------------|---|--|--|
| | | | | | | | | | | | |
| | | | | | Debtor 1 | | Debtor 2 | | | | |
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) | | |
| | | ■ Wages, commissions, bonuses, tips | \$35,000.00 | ☐ Wages, comn bonuses, tips | ☐ Wages, commissions, bonuses, tips | | | | | | |
| | | | | | ☐ Operating a business | | ☐ Operating a b | usiness | | | |
| | | | dar year bei December | | ■ Wages, commissions, bonuses, tips | \$25,000.00 | ☐ Wages, comn bonuses, tips | nissions, | | | |
| | | | | | ☐ Operating a business | | ☐ Operating a b | usiness | | | |
| | winr | nings. each s No | lf you are fili | ng a joint cas | pensions; rental income; inter e and you have income that y me from each source separat | ou received together, list it | only once under Deb | otor 1. | a gambing and lottery | | |
| | | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | me | Gross income (before deductions and exclusions) | | |
| Pa | rt 3: | List | Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | | | | | |
| 6. | Are □ | eithe i No. | Neither De | btor 1 nor D | s debts primarily consumer bebtor 2 has primarily consu personal, family, or househol | imer debts. Consumer deb | ts are defined in 11 l | J.S.C. § 10 | 1(8) as "incurred by an | | |
| | | | During the No. Yes | Go to line 7 | re you filed for bankruptcy, die each creditor to whom you pai | | | | ne total amount vou | | |
| | | | | paid that cre not include | editor. Do not include paymen payments to an attorney for the on 4/01/22 and every 3 years | its for domestic support obli his bankruptcy case. | gations, such as chil | ld support a | nd alimony. Also, do | | |
| | | Yes. | | | r both have primarily consure you filed for bankruptcy, die | | al of \$600 or more? | | | | |
| | | | ■ No. | Go to line 7 | | | | | | | |
| | | | ☐ Yes | List below e include pay | each creditor to whom you pai ments for domestic support of this bankruptcy case. | | | | | | |
| | Cre | editor' | s Name and | l Address | Dates of payme | nt Total amount | Amount you | Was this p | payment for | | |

| Der | Deboran Hakiinian | | | e Hullibel (<i>II known</i>) | | | |
|-----|--|---|--|--------------------------------|------------------------------------|---|--|
| | | | | | | | |
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pof which you are an officer, director, person in a business you operate as a sole proprietor. alimony. | artners; relatives of any gen n control, or owner of 20% o | eral partners; partne r more of their voting | rships of which you | ou are a general ny managing ag | partner; corporations gent, including one fo | |
| | ■ No | | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment | |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer a | ny property on a | ccount of a de | bt that benefited an | |
| | No No | | | | | | |
| | Yes. List all payments to an insider | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for to Include credit | his payment tor's name | |
| Par | t 4: Identify Legal Actions, Repossessio | ns. and Foreclosures | | | | | |
| | | | | | | _ | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | | |
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Case title Case number | Nature of the case | | | Status of the | e case | |
| | MTGLQ Investors v. Hakimian 011377/2013 | Residential Foreclosure | Supreme Court County 100 Supreme C Mineola, NY 11 | ourt Drive | ■ Pending □ On appeal □ Concluded | | |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo | | erty repossessed, fo | oreclosed, garnis | shed, attached | , seized, or levied? | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the | |
| | | Explain what happened | I | | | property | |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No ☐ Yes. Fill in the details. | | luding a bank or fin | ancial institution | n, set off any a | mounts from your | |
| | Creditor Name and Address | Describe the action the | Describe the action the creditor took Date take | | | e action was Amount | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possessi | | | fit of creditors, a | |

Official Form 107

| Deb | otor 1 Deborah Hakimian | | Case number | (if known) | |
|-----|--|---------|---|-----------------------------------|---------------------------|
| | | | - | | |
| Par | t 5: List Certain Gifts and Contributions | | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ptcy, d | lid you give any gifts with a total value of more th | nan \$600 per person | ? |
| | Gifts with a total value of more than \$600 per person | | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | - | lid you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | tcy or | since you filed for bankruptcy, did you lose anyt | hing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | how the loss occurred | nclude | the amy insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p | eparin | d you or anyone else acting on your behalf pay ong a bankruptcy petition? s, or credit counseling agencies for services required | | rty to anyone you |
| | □ No ■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | u | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | David L. Singer, P.C. 150 Broadhollow Road Suite 122 Melville, NY 11747 | | | July 26, 2019 | \$5,000.00 |
| | | | | | |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y | tors or | | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

Debtor 1 Deborah Hakimian

Case number (if known)

| 18. | 8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | |
|-----|---|--|----------------------------|--|---|--|--|--|--|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | Describe any property or payments received or debraid in exchange | Date transfer was made | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | |
| | Name of trust | Description and v | alue of the prope | rty transferred | Date Transfer was made | | | | |
| | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associon No | y, were any financial ac | counts or instrum | nents held in your name, or f | • • • | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | | |
| 21. | 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities cash, or other valuables? No Yes Fill in the details | | | | | | | | |
| | Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? | | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? | | | | |
| Par | rt 9: Identify Property You Hold or Control | for Someone Else | | | | | | | |
| 23. | Do you hold or control any property that sor for someone. No Yes. Fill in the details. | meone else owns? Inclu | ude any property y | you borrowed from, are stori | ing for, or hold in trust | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the property | Value | | | | |
| Par | rt 10: Give Details About Environmental Info | ormation | | | | | | | |
| For | the purpose of Part 10, the following definition | ons apply: | | | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

| Debtor 1 | Deborah | Hakimian |
|----------|---------|----------|
| | | |

Case number (if known)

| | regi | ulations controlling the cleanup of these | e substances, wastes, or material. | | | | | | |
|-----|---|--|---|-----------|--|-----------------------|--|--|--|
| | | means any location, facility, or propert wn, operate, or utilize it, including disp | • | ntal law | v, whether you now own, operate, | or utilize it or used | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |
| Rep | ort a | II notices, releases, and proceedings th | at you know about, regardless of | when th | ney occurred. | | | | |
| 24. | Has | any governmental unit notified you tha | t you may be liable or potentially l | iable ur | nder or in violation of an environm | ental law? | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, Str ZIP Code) | ate and | Environmental law, if you know it | Date of notice | | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous materia | l? | | | | | |
| | | ■ No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, Sta ZIP Code) | ate and | Environmental law, if you know it | Date of notice | | | |
| 26. | Hav | e you been a party in any judicial or ad | ninistrative proceeding under any | enviro | nmental law? Include settlements | and orders. | | | |
| | ■ No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | N | lature of the case | Status of the case | | | |
| Pa | rt 11: | Give Details About Your Business or | • | | | | | | |
| | | _ | • | | of the fallowing connections to an | v husinasa? | | | |
| 21. | VVIII | hin 4 years before you filed for bankrup A sole proprietor or self-employed | • | | | y business? | | | |
| | | | • | - | · | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | | An officer, director, or managing ex | • | | | | | | |
| | _ | ☐ An owner of at least 5% of the votin | g or equity securities of a corpora | ition | | | | | |
| | | No. None of the above applies. Go to | Part 12. | | | | | | |
| | | Yes. Check all that apply above and fil | | | | | | | |
| | | siness Name dress | Describe the nature of the busin | ess | Employer Identification number Do not include Social Security | | | | |
| | (Nui | mber, Street, City, State and ZIP Code) | Name of accountant or bookkee | per | Dates business existed | | | | |
| 28. | | hin 2 years before you filed for bankrup itutions, creditors, or other parties. | cy, did you give a financial statem | nent to a | anyone about your business? Incl | ude all financial | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| | | | | | | | | | |

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

| Debtor | 1 Deborah Hakin | nian | Case number (if known) |
|--------------|------------------------|----------------------------------|--|
| with a l | | result in fines up to \$250,000, | ement, concealing property, or obtaining money or property by fraud in connection or imprisonment for up to 20 years, or both. |
| /s/ De | borah Hakimian | | |
| Deboi | rah Hakimian | | Signature of Debtor 2 |
| Signat | ure of Debtor 1 | | |
| Date | July 26, 2019 | | Date |
| Did you | ı attach additional pa | ges to Your Statement of Final | ncial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | | | |
| Did you ■ No | ı pay or agree to pay | someone who is not an attorn | ey to help you fill out bankruptcy forms? |
| ☐ Yes. | Name of Person | Attach the Bankruptcy Petitio | n Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this information to identify your case: | | | | | | |
|---|--------------------------|------------------------------|--|--|--|--|
| Debtor 1 | Deborah Hakimian | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | |
| United States B | ankruptcy Court for the: | Eastern District of New York | | | | |
| Case number (if known) | | | | | | |

| Check as directed in lines 17 and 21: | | | | | |
|---|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | |
| | 3. The commitment period is 3 years. | | | | |
| | 4. The commitment period is 5 years. | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 3,200.00 12,750.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

\$

Debtor 1

\$

-\$

\$

0.00

0.00

0.00

0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

Gross receipts (before all deductions)

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Net monthly income from a business, profession, or farm \$

0.00

0.00

0.00

0.00

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 non-filing | or | |
|------------|--|--|--|--|-------------------------------------|---|--|------|
| 7. | Interest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |
| | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the the Social Security Act. Instead, list it here: | amount received wa | as a benefit unde | er | | | | |
| | For you | | 0.00 | | | | | |
| | For your spouse | \$ | 0.00 | | | | | |
| | Pension or retirement income. Do not include benefit under the Social Security Act. | e any amount receive | ed that was a | \$ | 0.00 | \$ | 0.00 | |
| | Income from all other sources not listed about not include any benefits received under the received as a victim of a war crime, a crime agadomestic terrorism. If necessary, list other sourtotal below. | Social Security Act o ainst humanity, or inte | or payments ernational or | | | | | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if | any. | | + \$ | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total average monthly income each column. Then add the total for Column A to | | | 3,200.00 | + \$_ | 12,750.00 | = \$ 15,95 | 0.00 |
| | | | | | | | Total avera | |
| Part | 2: Determine How to Measure Your Ded | uctions from Income | e | | | | monthly in | come |
| | | | | | | | | |
| 12. 13. | Copy your total average monthly income fro Calculate the marital adjustment. Check one | m line 11. | | | | | \$ 15,95 | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one You are not married. Fill in 0 below. | : | | | | | \$ <u>15,95</u> | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one You are not married. Fill in 0 below. You are married and your spouse is filing. | : with you. Fill in 0 belo | | | | | \$15,95 | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing. ☐ You are married and your spouse is not fil | : with you. Fill in 0 belo ing with you. | ow. | | | | | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing. ☐ You are married and your spouse is not fill Fill in the amount of the income listed in lir dependents, such as payment of the spou | : with you. Fill in 0 belo ing with you. ne 11, Column B, that se's tax liability or the | ow. t was NOT regu e spouse's supp | ılarly paid for t ort of someon | he house e other th | hold expense nan you or yo | es of you or your ur dependents. | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing. ☐ You are married and your spouse is not fill Fill in the amount of the income listed in lire. | : with you. Fill in 0 belo ing with you. ne 11, Column B, that se's tax liability or the | ow. t was NOT regu e spouse's supp | ılarly paid for t ort of someon | he house e other th | hold expense nan you or yo | es of you or your ur dependents. | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one You are not married. Fill in 0 below. You are married and your spouse is filing. You are married and your spouse is not fil Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this | with you. Fill in 0 belo ing with you. ne 11, Column B, that se's tax liability or the income and the amo | ow. t was NOT regu e spouse's supp | ılarly paid for t ort of someon | he house e other th | hold expense nan you or yo | es of you or your ur dependents. | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing. ☐ You are married and your spouse is not fill Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. | with you. Fill in 0 belo ing with you. ne 11, Column B, that se's tax liability or the income and the amo | ow. t was NOT regu e spouse's supp | ılarly paid for t ort of someon | he house e other th | hold expense nan you or yo | es of you or your ur dependents. | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing. ☐ You are married and your spouse is not fill Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. | with you. Fill in 0 belo ing with you. ne 11, Column B, that se's tax liability or the income and the amo | ow. t was NOT regue spouse's supple unt of income d \$ | ılarly paid for t ort of someon | he house e other th | hold expense nan you or yo | es of you or your ur dependents. | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing. ☐ You are married and your spouse is not fill Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. | with you. Fill in 0 belo ing with you. ne 11, Column B, that se's tax liability or the income and the amo | ow. t was NOT regu e spouse's supp unt of income d | ılarly paid for t ort of someon | he house e other th | hold expense nan you or yo | es of you or your ur dependents. | 0.00 |
| 12. 13. | Calculate the marital adjustment. Check one ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing. ☐ You are married and your spouse is not fill Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. | with you. Fill in 0 belowing with you. The 11, Column B, that se's tax liability or the income and the amorelow. | t was NOT regues spouse's suppount of income described by the spouse's suppount of income described by the spouse | ılarly paid for t ort of someon | he house e other th h purpose | hold expense nan you or yo | es of you or your ur dependents. | 0.00 |
| 13. | Calculate the marital adjustment. Check one You are not married. Fill in 0 below. You are married and your spouse is filing. You are married and your spouse is not fil Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. If this adjustment does not apply, enter 0 by | with you. Fill in 0 belowing with you. The 11, Column B, that se's tax liability or the income and the amorelow. | t was NOT regues spouse's suppount of income described by the spouse's suppount of income described by the spouse | llarly paid for t ort of someon levoted to eac | he house e other th h purpose | hold expense nan you or yo e. If necessar | es of you or your ur dependents. | 0.00 |
| 13. | Calculate the marital adjustment. Check one You are not married. Fill in 0 below. You are married and your spouse is filing. You are married and your spouse is not fil Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. If this adjustment does not apply, enter 0 beginning. Total Total Your current monthly income. Subtract line | with you. Fill in 0 belowing with you. The 11, Column B, that se's tax liability or the income and the amorelow. | t was NOT regue spouse's supprunt of income d | llarly paid for t ort of someon levoted to eac | he house e other th h purpose | hold expense nan you or yo e. If necessar | es of you or your ur dependents. y, list additional | 0.00 |
| 13. | Calculate the marital adjustment. Check one You are not married. Fill in 0 below. You are married and your spouse is filing. You are married and your spouse is not fil Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. If this adjustment does not apply, enter 0 beginning. Total Your current monthly income. Subtract line Calculate your current monthly income for | with you. Fill in 0 belowing with you. The 11, Column B, that se's tax liability or the income and the amorelow. The 13 from line 12. The year. Follow the | t was NOT regule spouse's supplicant of income displayed by the spouse's supplicant of income displayed by the spouse spouse supplication of income displayed by the spouse spous | ilarly paid for toor tof someon evoted to each | he house e other th h purpose | hold expense nan you or yo e. If necessar opy here=> | es of you or your ur dependents. y, list additional | 0.00 |
| 13. | Calculate the marital adjustment. Check one You are not married. Fill in 0 below. You are married and your spouse is filing. You are married and your spouse is not fil Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. If this adjustment does not apply, enter 0 beginning. Total Your current monthly income. Subtract line Calculate your current monthly income for | with you. Fill in 0 belowing with you. The 11, Column B, that se's tax liability or the income and the amorelow. The 13 from line 12. The year. Follow the | t was NOT regule spouse's supplicant of income displayed by the spouse's supplicant of income displayed by the spouse spouse supplication of income displayed by the spouse spous | ilarly paid for toor tof someon evoted to each | he house e other th h purpose | hold expense nan you or yo e. If necessar opy here=> | es of you or your ur dependents. y, list additional - 15,95 | 0.00 |

Deborah Hakimian

Debtor 1

| Debt | or 1 | Deb | orah Hakimian | | Case number (if known) | | |
|------|---------------|--------------|---|----------------------|--|---------------|------------------------|
| 16 | . Cal | culate | the median family income that applies to | ou. Follow these s | steps: | | |
| | 16a | . Fill in | the state in which you live. | NY | _ | | |
| | 16h | Fill in | the number of people in your household. | 5 | | | |
| | | | the median family income for your state and | | _ | c | 111,384.00 |
| | 100 | To fir | nd a list of applicable median income amount | s, go online using t | | Φ_ | |
| 17 | Ном | | ctions for this form. This list may also be avane lines compare? | lable at the bankru | ptcy clerk's office. | | |
| 17 | . 1101 17a | _ | Line 15b is less than or equal to line 16c. (| On the top of page | 1 of this form, check box 1. Disposable in | come is not | determined under |
| | | | 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | | |
| | 17b | . • | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a | ulation of Your Di | | | |
| Par | t 3: | Cal | culate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4 | 4) | | |
| 18. | Cop | y you | r total average monthly income from line | 1. | | \$ | 15,950.00 |
| 19. | con | tend th | e marital adjustment if it applies. If you are that calculating the commitment period under a noome, copy the amount from line 13. | married, your spo | use is not filing with you, and you | | |
| | • | | marital adjustment does not apply, fill in 0 on | line 19a. | | -\$ | 0.00 |
| | | | | | | | |
| | 19b | . Subt | ract line 19a from line 18. | | | \$ | 15,950.00 |
| | | | | | | | |
| 20. | | | your current monthly income for the year | | | | 15 050 00 |
| | 20a | . Сору | line 19b | | | \$_ | 15,950.00 |
| | | Multip | oly by 12 (the number of months in a year). | | | <u> </u> | 1 2 |
| | | | | | | | 101 400 00 |
| | 20b | . The r | result is your current monthly income for the y | ear for this part of | the form | \$_ | 191,400.00 |
| | | | | | | | |
| | 20c | Copy | the median family income for your state and | size of household | from line 16c | \$ | 111,384.00 |
| | | | ,, | | | | |
| | 21. | How | do the lines compare? | | | | |
| | | | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | se ordered by the | court, on the top of page 1 of this form, ch | eck box 3, | The commitment |
| | | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | nless otherwise ord | ered by the court, on the top of page 1 of | this form, cl | neck box 4, <i>The</i> |
| Par | t 4: | Sig | n Below | | | | |
| | Bys | i signing | here, under penalty of perjury I declare that | he information on | his statement and in any attachments is t | rue and cor | rect. |
|) | (/s/ | Debo | orah Hakimian | | | | |
| | | | h Hakimian | | | | |
| | • | | e of Debtor 1 y 26, 2019 | | | | |
| | | MM | /DD /YYYY | | | | |
| | - | | cked 17a, do NOT fill out or file Form 122C-2 | | | | |
| | If yo | u che | cked 17b, fill out Form 122C-2 and file it with | this form. On line 3 | 9 of that form, copy your current monthly | income from | n line 14 above. |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Fill in | this information to identify your case: | | | |
|------------------|--|---|-------------------------------------|----|
| Debto | Deborah Hakimian | | | |
| Debto (Spou | r 2 se, if filing) | | | |
| United | States Bankruptcy Court for the: Eastern District of New York | | | |
| Case i | number wn) | □ Chec | ck if this is an amended filing | |
| | Profit 122C-2 pter 13 Calculation of Your Disposable | e Income | 04/ | 19 |
| | out this form, you will need your completed copy of <i>Chapter 13 Statement Period</i> (Official Form 122C-1). | atement of Your Current Monthl | ly Income and Calculation of | |
| space additio | complete and accurate as possible. If two married people are filing is needed, attach a separate sheet to this form, Include the line nu nal pages, write your name and case number (if known). | | | |
| Part 1 | : Calculate Your Deductions from Your Income | | | _ |
| the info | Internal Revenue Service (IRS) issues National and Local Standar questions in lines 6-15. To find the IRS standards, go online using rmation may also be available at the bankruptcy clerk's office. Just the expense amounts set out in lines 6-15 regardless of your actual | g the link specified in the separa | m, you will use some of your actual | |
| | enses if they are higher than the standards. Do not include any operatin C–1, and do not deduct any amounts that you subtracted from your spo | | | |
| If yo | our expenses differ from month to month, enter the average expense. | | | |
| Not | e: Line numbers 1-4 are not used in this form. These numbers apply to | information required by a similar f | form used in chapter 7 cases. | |
| 5. | The number of people used in determining your deductions from | income | | |
| | Fill in the number of people who could be claimed as exemptions on y plus the number of any additional dependents whom you support. This the number of people in your household. | | 5 | |
| Nat | ional Standards You must use the IRS National Standards to | answer the questions in lines 6-7 | 7. | |
| 6. | Food, clothing, and other items: Using the number of people you en Standards, fill in the dollar amount for food, clothing, and other items. | | nal \$ | - |
| 7. | Out-of-pocket health care allowance: Using the number of people yeth dollar amount for out-of-pocket health care. The number of people people who are 65 or olderbecause older people have a higher IRS higher than this IRS amount, you may deduct the additional amount o | e is split into two categoriespeopl allowance for health car costs. If y | le who are under 65 and | |

Official Form 122C-2

| Debtor 1 | Deboran Hakimian | | Case number (if known) |
|----------------------------------|--|--|--|
| Peop | le who are under 65 years of age | | |
| - | 7a. Out-of-pocket health care allowance per person | \$ 52 | |
| - | 7b. Number of people who are under 65 | X 5 | |
| - | 7c. Subtotal. Multiply line 7a by line 7b. | \$ 260.00 | Copy here=> \$ <u>260.00</u> |
| Peop | le who are 65 years of age or older | | |
| | 7d. Out-of-pocket health care allowance per person | \$ 114 | |
| | 7e. Number of people who are 65 or older | \$114_ X 0 | |
| | 7f. Subtotal. Multiply line 7d by line 7e. | \$ 0.00 | Copy here=> \$ 0.00 |
| , | 71. Subtotal. Multiply line 7d by line 7e. | Ψ | Copy here=> \$0.00 |
| 7 | 7g. Total. Add line 7c and line 7f | \$_ | 260.00 Copy total here=> \$ 260.00 |
| | | | |
| Local | Standards You must use the IRS Local Standards | to answer the questions | in lines 8-15. |
| | d on information from the IRS, the U.S. Trustee Prorugtcy purposes into two parts: | ogram has divided the II | RS Local Standard for housing for |
| ■ но | ousing and utilities - Insurance and operating expe | enses | |
| ■ Ho | ousing and utilities - Mortgage or rent expenses | | |
| sepai 8. I i | rate instructions for this form. This chart may also Housing and utilities - Insurance and operating exponential the dollar amount listed for your county for insurance. | be available at the bank penses: Using the number e and operating expenses | er of people you entered in line 5, fill |
| 9. I | Housing and utilities - Mortgage or rent expenses: | | |
| (| 9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expens | • | \$3,166.00 |
| ę | 9b. Total average monthly payment for all mortgages | and other debts secured | by your home. |
| | To calculate the total average monthly payment, contractually due to each secured creditor in the for bankruptcy. Next divide by 60. | | |
| | Name of the creditor | Average monthl payment | у |
| | MTGLQ Investors L.P. | \$\$ | 00 |
| | 9b. Total average monthly payme | ent \$ 3,700. | 00 Copy here=> -\$3,700.00 Repeat this amount on line 33a. |
| (| 9c. Net mortgage or rent expense. | | |
| | Subtract line 9b (total average monthly payment) or rent expense). If this number is less than \$0, e | , , | \$\$ 0.00 Copy here=> \$0.00 |
| | If you claim that the U.S. Trustee Program's division affects the calculation of your monthly expenses, t | | |
| | Explain why: | | |

| Debtor 1 | Deborah Hakimian | | Case number (if knowl | n) | | |
|----------|---|----------------------------|------------------------|-----------------|---|--------|
| 11. | Local transportation expenses: Check the number of vehic | cles for which you claim a | n ownership or o | perating expe | nse. | |
| | □ 0. Go to line 14. | | | | | |
| | ■ 1. Go to line 12. | | | | | |
| | 2 or more. Go to line 12. | | | | | |
| | Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for | | | | \$ | 304.00 |
| | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles. | Standards, calculate the | net ownership or | · lease expens | se for each vehi | |
| Vel | nicle 1 Describe Vehicle 1: | | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| 13b. | Average monthly payment for all debts secured by Vehicle 1. | | | | | |
| | Do not include costs for leased vehicles. | | | | | |
| | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60. | | | | | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | | |
| | -NONE- | \$ | | | | |
| 13c. | Total Average Monthly Payment Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0 | \$ 0.00 , enter \$0 | Copy here => -\$ | 0.00 Copy | Repeat this amount on line 33b. y net icle 1 ense here | 0.00 |
| | | | \$ | => | \$ | 0.00 |
| | | | | | | |
| | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2. leased vehicles. | Do not include costs for | | | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | | |
| | | \$ | | | | |
| | Total average monthly payment | \$ | Copy here => -\$ | | peat this punt on line | |
| 13f. | Net Vehicle 2 ownership or lease expense | | | | y net | |
| | Subtract line 13e from line 13d. if this number is less than \$0 | , enter \$0 | \$ | | icle 2 ense here \$ | 0.00 |
| 14. | Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v | | | ds, fill in the | \$ | 0.00 |
| 15. | Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in who to claim more than the IRS Local Standard for <i>Public Trans</i> | hat you believe is the ap | | | | 0.00 |

Case number (if known)

| Oth | er Necessary Expenses | In addition to the expense the following IRS categories | | listed above, | you are allowed your monthly expens | ses for | |
|-----|--|---|---|-----------------------------------|--|-----------|----------|
| 16. | self-employment taxes, soc | ial security taxes, and Med owever, if you expect to red | licare taxes. ceive a tax r | You may inc refund, you m | d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes. | m | |
| | Do not include real estate, | • | in that io wi | aniola to pay | ioi taxos. | \$ | 4,400.00 |
| 17. | Involuntary deductions: T contributions, union dues, a | and uniform costs. | | | • | • | 0.00 |
| | | | • | • | 1(k) contributions or payroll savings. | * | 0.00 |
| 18. | filing together, include payn | nents that you make for your life insurance on your de | ur spouse's | term life insu | e insurance. If two married people are rance. spouse's life insurance, or for any for | | 0.00 |
| 19. | Court-ordered payments: | | | | by the order of a court or | | |
| | administrative agency, such Do not include payments or | | | | You will list these obligations in line 35 | s. \$ | 0.00 |
| 20. | Education: The total month | | education t | that is either r | equired: | | |
| | as a condition for your jo | | | | | | |
| | for your physically or me | entally challenged depende | nt child if no | public educa | ation is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total month Do not include payments for | | | • | itting, daycare, nursery, and preschool | ol. \$ | 0.00 |
| 22. | | th and welfare of you or you t. Include only the amount | ur depender that is more | nts and that is than the tota | | \$ | 0.00 |
| 23. | for you and your dependent phone service, to the exten income, if it is not reimburse Do not include payments for | ts, such as pagers, call wai t necessary for your health ed by your employer. r basic home telephone, in | ting, caller i and welfare ternet and o | dentification, e or that of you | you pay for telecommunication service special long distance, or business cel ur dependents or for the production or vice. Do not include self-employment ount you previously deducted. | l f | 0.00 |
| 24. | Add all of the expenses a Add lines 6 through 23. | llowed under the IRS exp | ense allow | ances. | | \$ | 7,847.00 |
| Add | itional Expense Deduction | These are additional Note: Do not include | | | | | |
| 25. | | | | | ses. The monthly expenses for health ly necessary for yourself, your spouse | | |
| | Health insurance | | \$ | 0.00 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | | + \$ | 0.00 | _ | | |
| | Total | | \$ | 0.00 | Copy total here=> | \$ | 0.00 |
| | Do you actually spend this a | | | | | | |
| | Yes | | \$ | | | | |
| 26. | continue to pay for the reas | onable and necessary care of your immediate family w | e and suppo tho is unabl | ort of an elder e to pay for s | e actual monthly expenses that you wi ly, chronically ill, or disabled member uch expenses. These expenses may 29A(h) | | 0.00 |
| 27. | Protection against family | violence. The reasonably | necessary i | monthly expe | nses that you incur to maintain the es Act or other federal laws that apply | | |
| | By law, the court must keep | • | | | | \$ | 0.00 |

Deborah Hakimian

Debtor 1

| ו וטוטפ | Deborah Hakimian Case number (if known) | | | | | |
|---|---|--|----------------|----------------------------|--|--|
| 28. | Additional home energy costs. Your hom line 8. | ne energy costs are included in your insurance and operating expenses on | | | | |
| | If you believe that you have home energy c 8, then fill in the excess amount of home er | osts that are more than the home energy costs included in expenses on linergy costs | ie | | | |
| | You must give your case trustee document amount claimed is reasonable and necessary | ation of your actual expenses, and you must show that the additional ary. | \$ | 0.00 | | |
| 29. | | Iren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private or | | | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23. | | | | |
| | * Subject to adjustment on 4/01/22, and eve | ery 3 years after that for cases begun on or after the date of adjustment. | \$ | 0.00 | | |
| 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. | | | | | | |
| | | ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office. | | | | |
| | You must show that the additional amount of | claimed is reasonable and necessary. | \$ | 0.00 | | |
| 31. | Continuing charitable contributions. The instruments to a religious or charitable orga | e amount that you will continue to contribute in the form of cash or financial anization. 11 U.S.C. § 548(d)(3) and (4). | | | | |
| | Do not include any amount more than 15% | of your gross monthly income. | \$ | 0.00 | | |
| 32. | 2. Add all of the additional expense deductions. Add lines 25 through 31. | | | | | |
| Ded | uctions for Debt Payment | | | | | |
| | | | | | | |
| | • | in property that you own, including home mortgages, vehicle | | | | |
| 33. F | • | | | | | |
| 33. F | For debts that are secured by an interest oans, and other secured debt, fill in lines | a 33a through 33e. ent, add all amounts that are contractually due to each secured | | | | |
| 33. F | For debts that are secured by an interest oans, and other secured debt, fill in lines or calculate the total average monthly paym | a 33a through 33e. ent, add all amounts that are contractually due to each secured | | rage monthly ment | | |
| 33. F | For debts that are secured by an interest oans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for ba | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. | | rage monthly ment 3,700.00 | | |
| 33. F | For debts that are secured by an interest oans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for ba | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. | | ment | | |
| 33. F | For debts that are secured by an interest oans, and other secured debt, fill in lines for calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. | | ment | | |
| 33. F 1 | For debts that are secured by an interest oans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. | | 3,700.00 | | |
| 33. F | For debts that are secured by an interest oans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. | | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest coans, and other secured debt, fill in lines To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. | | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest oans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes | | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest oans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? | | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest coans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? No Yes | \$\$\$ | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest coans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => | \$\$ | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest coans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | a 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? No Yes | \$\$\$ | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest coans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => | \$\$ | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest coans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => | \$\$ | 3,700.00 0.00 | | |
| 33. File 33 a. 33a. 33b. 33c. 33d. | For debts that are secured by an interest coans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | Saa through 33e. | \$ \$ \$ | 3,700.00 0.00 | | |

| ebtor 1 | Deb | orah Hakimian | | | Cas | se n | umber (<i>if known</i>) | | | | _ |
|-----------------|--------------------------------|--|---|-------------------------------|-------------------------------|------|---------------------------|------|-----------------------|-----------------|-----------|
| | | | ine 33 secured by your prima our support or the support or | | | e, | | | | | |
| | No. | Go to line 35. | | | | | | | | | |
| • | Yes. | listed in line 33, to keep p | ou must pay to a creditor, in ado cossession of your property (ca I in the information below. | | | | | | | | |
| Name | of the | creditor | Identify property that secure | es the d | ebt | To | otal cure amount | | | onthly nount | cure |
| MTG | SLQ Ir | vestors L.P. | Single Family Resider | nce | \$ | _ | 240,000.00 | ÷ 60 | = \$ | | 4,000.00 |
| | | | _ | | \$ | . – | | ÷ 60 | | | |
| | | | | | Φ | ` | | ÷ 60 | | | |
| | | | | | Total | \$ | 4,000.00 | te | copy otal ere=> | \$ | 4,000.00 |
| - | No. | Go to line 36. Fill in the total amount of ongoing priority claims, s | all of these priority claims. Do such as those you listed in line | not incl 19. | ude current or | Φ. | | | 00 | • | |
| | | lotal amount of all past | -due priority claims | | | \$ | 0.00 | | ÷ 60 | \$ | 0.00 |
| 36. P r | ojecte | d monthly Chapter 13 pla | an payment | | | \$ | 2,400.00 | _ | | | |
| Of the To | fice of e Exec find a li | the United States Courts (utive Office for United Stat ist of district multipliers that inc | s stated on the list issued by the for districts in Alabama and Notes Trustees (for all other districtudes your district, go online using list may also be available at the bar | orth Car cts). the link | olina) or by specified in the | X | 7.60 | | | | |
| Av | /erage | monthly administrative exp | pense | | | | \$182.40 | | y tota e=> | | 182.40 |
| | | of the deductions for de es 33e through 36. | bt payment. | | | | | | | \$ | 7,882.40 |
| Total | Deduc | tions from Income | | | | | | | | | |
| 38. A ¢ | dd all d | of the allowed deductions | s. | | | | | | | | |
| | | ne 24, All of the expenses e allowances | allowed under IRS | \$ | 7,847.00 | 0 | | | | | |
| C | Copy lir | ne 32, All of the additional | expense deductions | \$ | 0.0 | 0 | | | | | |
| C | Copy lir | ne 37, All of the deductions | s for debt payment | +\$ | 7,882.40 | 0 | _ | | | | |
| Т | otal de | eductions | | \$ | 15,729.40 | 0 | Copy total here= | > | ; | \$ | 15,729.40 |

| ebtor 1 | Deborah Haki | mian | | Case | numb | er (if known) | | |
|--|--|---|--|---|-------------------|---|--------------------|-----------|
| rt 2: | Determine Yo | ur Disposable Income Under 11 | U.S.C. § 1325(b) | (2) | | | | |
| - | | rrent monthly income from line Current Monthly Income and C | | • | | | \$ | 15,950.00 |
| chil disa rece | dren. The month bility payments for in accordar | bly necessary income you receinly average of any child support p for a dependent child, reported in nee with applicable nonbankrupted ended for such child. | ayments, foster ca Part I of Form 122 | re payments, or C-1, that you | \$ | 0 | .00 | |
| 41. Fill emp in 1 | in all qualified roloyer withheld fr | retirement deductions. The monom wages as contributions for qu o)(7) plus all required repayments | alified retirement p | lans, as specified | \$_ | 0 | .00 | |
| 42. Tot a | al of all deduction | ons allowed under 11 U.S.C. § 7 | ′07(b)(2)(A). Copy | line 38 here => | \$ | 15,729 | .40 | |
| exp thei | enses and you h r expenses. You | cial circumstances. If special circumstances if special circumsternor reasonable alternative, de must give your case trustee a de documentation for the expenses. | scribe the special | circumstances and | I | | | |
| Describ | e the special c | ircumstances | | Amount of exper | nse | | | |
| - | | | | | | | | |
| _ | | | | S | | | | |
| _ | | | | | | | | |
| | | | Total \$ | 0.00 | Cop | y ≥=> \$ | 0.00 | |
| 44. Tot a | al adjustments. | Add lines 40 through 43. | | => \$ | | 15,729.40 | Copy here=> -\$ | 15,729.40 |
| 45. Cal o | · | nthly disposable income under | § 1325(b)(2). Sub | tract line 44 from lir | ne 39 | | \$ | 220.60 |
| 46. Cha have time you | ange in income e changed or are your case will b filed your petitio | or expenses. If the income in Fo e virtually certain to change after the open, fill in the information below, check 122C-1 in the first columnum to the increase occurred, and in when the increase occurred, and increase occurred. | he date you filed y w. For example, if n, enter line 2 in th | our bankruptcy pet the wages reported ne second column, | ition : d incr | and during the eased after | | |
| Form | Line | Reason for change | | Date of change | | Increase or decrease? | Amount of ch | ange |
| ☐ 122C ☐ 122C ☐ 122C ☐ 122C ☐ 122C ☐ 122C ☐ 122C | -2 -1 -2 -2 -1 | | | | _ | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase | \$ \$ | |
| ☐ 122C | -2 | | | | _ | ☐ Decrease | \$ | |

| Debtor 1 | Deborah Hakimian | Case number (if known) |
|----------|--|---|
| | | |
| Part 4: | Sign Below | |
| | | |
| E | By signing here, under penalty of perjury you de | eclare that the information on this statement and in any attachments is true and correct. |
| | /-/ Dah arah Halimian | |
| | /s/ Deborah Hakimian Deborah Hakimian | |
| | Signature of Debtor 1 | |
| Date | July 26, 2019 | |
| - | MM/DD/YYYY | |
| | | |
| | | |

Official Form 122C-2

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| | \mathbf{E} | astern District of New York | k | |
|------------------------|--|--|--|--|
| In 1 | e Deborah Hakimian | Debtor(s) | Case No. | 42 |
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMP | PENSATION OF ATTOI | RNEY FOR DE | CBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati | filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 4,690.00 |
| | Prior to the filing of this statement I have receiv | | | 2,190.00 |
| | Balance Due | | \$ | 2,500.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ☐ Debtor ☐ Other (specify): Del | otor's Spouse | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed co | ompensation with any other person | unless they are meml | pers and associates of my law firm |
| 6. | ☐ I have agreed to share the above-disclosed comp- copy of the agreement, together with a list of the In return for the above-disclosed fee, I have agreed to a. Analysis of the debtor's financial situation, and re b. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cre d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applica 522(f)(2)(A) for avoidance of liens on By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding. | names of the people sharing in the orender legal service for all aspect endering advice to the debtor in det statement of affairs and plan which ditors and confirmation hearing, and to reduce to market value; excations as needed; preparation household goods. | compensation is atta as of the bankruptcy of ermining whether to a may be required; and any adjourned hea emption planning; and filing of moti | ched. ase, including: file a petition in bankruptcy; rings thereof; preparation and filing of ons pursuant to 11 USC |
| | , , , , , , | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of bankruptcy proceeding. | | payment to me for re | epresentation of the debtor(s) in |
| | July 26, 2019 | /s/ David L. Singe | er | |
| | Date | 150 Broadhollow Suite 122 Melville, NY 1174 | of David L. Singer Road 7 Fax: (888) 321-8679 | |

United States Bankruptcy Court Eastern District of New York

| In re | Deborah Hakimian | | Case No. | |
|-------|------------------|-----------|----------|----|
| | | Debtor(s) | Chapter | 13 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

(631) 923-2399 Fax: (888) 321-8679

USBC-44 Rev. 9/17/98

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

MTGLQ Investors L.P. 200 West Street New York, NY 10282

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

| DEBTOR(S): | Deborah Hakimian | CASE NO.:. |
|---|--|---|
| | | (b), the debtor (or any other petitioner) hereby makes the following disclosure lowledge, information and belief: |
| was pending at any spouses or ex-spous partnership and one have, or within 180 | time within eight years before thes; (iii) are affiliates, as defined or more of its general partners; | purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case ne filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) ither of the Related Cases had, an interest in property that was or is included in the] |
| NO RELATED | CASE IS PENDING OR HAS B | BEEN PENDING AT ANY TIME. |
| ☐ THE FOLLOWI | NG RELATED CASE(S) IS PE | ENDING OR HAS BEEN PENDING: |
| | | |
| 1. CASE NO.: | JUDGE: DISTRICT | 7/DIVISION: |
| CASE STILL PENI | DING (Y/N): | [If closed] Date of closing: |
| CURRENT STATU | US OF RELATED CASE: | |
| | | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHI | ICH CASES ARE RELATED (A | Refer to NOTE above): |
| | LISTED IN DEBTOR'S SCHE F RELATED CASE: | DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| 2. CASE NO.: | JUDGE: DISTRICT | T/DIVISION: |
| CASE STILL PENI | DING (Y/N): | [If closed] Date of closing: |
| CURRENT STATU | JS OF RELATED CASE: | |
| | | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHI | ICH CASES ARE RELATED (I | Refer to NOTE above): |
| | LISTED IN DEBTOR'S SCHE F RELATED CASE: | DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| 3. CASE NO.: | JUDGE: DISTRICT | T/DIVISION: |
| CASE STILL PENI | DING (Y/N): | [If closed] Date of closing: |

| DISCLOSURE OF RELATED CASES (cont'd) | |
|--|---|
| CURRENT STATUS OF RELATED CASE: | |
| (I | Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to | o NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE: | "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| | who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S AT | TORNEY, AS APPLICABLE: |
| I am admitted to practice in the Eastern District of New Yo | ork (Y/N): Y |
| CERTIFICATION (to be signed by pro se debtor/petitione | er or debtor/petitioner's attorney, as applicable): |
| I certify under penalty of perjury that the within bankruptc as indicated elsewhere on this form. | ey case is not related to any case now pending or pending at any time, except |
| /s/ David L. Singer | |
| David L. Singer Signature of Debtor's Attorney The Law Offices of David L. Singer, P.C. 150 Broadhollow Road | Signature of Pro Se Debtor/Petitioner |
| Suite 122 Melville, NY 11747 (631) 923-2399 Fax:(888) 321-8679 | Signature of Pro Se Joint Debtor/Petitioner |
| | Mailing Address of Debtor/Petitioner |
| | City, State, Zip Code |
| | Area Code and Telephone Number |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009